Comment on “Is there a Benefit of Frequent CT Follow-Up after EVAR?”

Dear Editor,

We reviewed the paper by Dias et al.1 with interest in our weekly journal club. As a group we are committed to improving the outcome of EVAR, and were interested to review this study which considered the importance of maintaining reasonable cost without compromising patient safety. Currently a number of leading vascular centres are moving away from regular CT follow up and relying on ultrasound and radiography instead.2

The paper raised a number of questions which we would like to clarify. Firstly, Dias et al. mentioned that regular CT scans can identify non-vascular pathology of clinical significance; did the authors identify any in their cohort? What were the outcomes of these?

Secondly, according to the paper, 26 patients were found to have asymptomatic aneurysm-related pathology on the CT follow up. This is only 9%, which is below the figure that would be expected from previously published data.3 Furthermore, up to 30% of patients who undergo EVAR may have type II endoleaks.4 We would like to know what percentage of patients had type II endoleaks in this cohort and how were they managed.

Finally, 6 of the 279 patients were found to have falsely negative CT scans and apparently had adverse events. We would be grateful to know what the adverse events were and how they were identified and treated.

References


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Response to comment on “Is there a Benefit of Frequent CT Follow-Up after EVAR?”

Dear Editor,

We would like to thank Dr Lyons and her colleagues for their interest in our article focusing on the follow-up after EVAR.1 The preoperative CT-scans were routinely reviewed for abdominal pathology other than the aneurysm. However, this information was not registered in our database and was not analyzed.

Twenty-six patients (9.3 %) got a benefit from the CT follow-up. Patients with asymptomatic findings not requiring a reintervention, such as type II endoleaks without aneurysm expansion, were considered as not benefiting from the CT follow-up. Fifty-three patients had a type II endoleaks at some time, however only a small proportion underwent reinterventions since the majority sealed spontaneously or were associated with diameter stability or shrinkage. Translumbar puncture with glue embolization was the preferred method for embolization.

The follow-up CT-scans were unable to reveal the upcoming symptomatic adverse events in 6 patients. Two patients underwent further endografting as they developed endoleaks with rapid expansion of the AAA after the last available CT-scan. In two other patients thrombus was